Long Term Care & Services for Seniors

Code Blue

(Medical Emergency)

Regional Municipality of Durham
Social Services Department
Long Term Care (LTC) and Services for Seniors

Title: Code Blue – Medical Emergency	
Section/Manual: Emergency Manual	
Reviewed:	
Revised: Jan 2016, May 2019, Sept 2019, June 2022	
Peer Group Approval:	**Date:**
Also reviewed by: (other peer group)	
Senior Leadership Approval: *Laura MacDermaid*	**Date:** **July 15, 2022**

1. Policy

1.1 The home shall ensure that the emergency plans for the home include a coordinated plan to respond to and manage medical emergencies occurring with residents, staff, or visitors in the homes.

1.2 This emergency plan must be shared with residents and family councils annually or when any changes are made.

1.3 Staff will be trained on this code annually and there will be a review/evaluation conducted annually or within 30 days of the plan being activated.

2. Purpose

2.1 To alert individuals within the facility to an acute medical emergency in a particular area of the building.

2.2 To provide an organized system of response when dealing with a medical emergency when more support is required.

3. Definitions

3.1 **Medical Emergency:**

A medical emergency is defined as an event requiring an urgent response such as a sudden injury, acute illness, choking, chest pain, shortness of breath, arrested breathing, or an acute altered level of consciousness where more assistance may be needed.

4. Communication

4.1 Emergency plans will be posted in the homes and on the Long-Term Care and Services for Seniors website. There will be regular consultation with Residents and Family

Councils as well as our internal and external stakeholders when reviewing and evaluating emergency plans.

4.2 Homes will consult internal and external stakeholders on a regular basis regarding emergency plan components. There will be an internal and external stakeholder list which is located in the first section of the emergency manual.

4.3 RAVE system of communication will be used if family/substitute decision maker (SDM)/staff need to be informed on any aspect of their role during a code blue.

5. Procedure

5.1 **First person arriving on scene will:**

A. Seek further assistance and support by calling for help, pulling the call bell etc.

B. Provide immediate interventions as deemed within their scope of practice, and knowledge, skill and judgement while waiting for assistance.

5.2 **Registered Staff will:**

A. Assess the individual and determine the level of intervention required

B. Provide interventions as deemed clinically necessary within their scope of practice, and knowledge, skill, and judgement

C. Contact the Emergency Coordinator/ Emergency Assistant (EC/EA) if more assistance is required.

D. Document details related to the event and the assessment of the resident in the resident's health record; for non-resident medical emergencies, details related to the event and assessment of the non-resident are to be documented in the universal incident report

E. Ensure regulatory reporting is completed as described below

F. Ensure immediate supervisor/designate is notified if applicable

G. Acute Medical Emergency for a Resident:

(1) CPR **must** be initiated for all witnessed and unwitnessed arrests if:

(a) the resuscitation status is unknown

(b) in the absence of a documented Do Not Resuscitate (DNR)

(c) in the absence of a documented advanced care plan outlining the resident's wishes to not have CPR performed

(2) Call to 911 **must** be completed for all witnessed and unwitnessed arrests in the absence of a DNR or documented advance care plan, to support secondary level of interventions and transfer to the hospital. If Paramedic Services are required, provide name, address, room number and location.

(3) Once confirmation of DNR documentation and/or advanced care plan to not have CPR is known, resuscitation efforts are to be stopped in accordance with the resident's wishes

(4) Notify reception during business hours to direct Paramedic Services

(5) Prepare transfer forms and notify the appropriate care provider and Power of Attorney (POA)/SDM (as appropriate)

(6) Document details in resident health record

(7) Notify Resident Care Coordinator or on-call manager who will inform Director of Care/Delegate if required

(8) Complete any required documentation. (i.e. Critical Incident reporting to Ministry of Long Term Care [MLTC])

H. Acute Medical Emergency for Non-residents:

(1) Call to 911, if required for other medical emergencies, to support secondary level of interventions and transfer to hospital; provide Paramedic Services name, address, and location of non-resident

(2) Staff are encouraged to assist injured or ill non-residents within the scope of their knowledge and training until Paramedic Services arrive.

(3) Notify reception during business hours to direct paramedics

(4) Notify Resident Care Coordinator or on-call manager and complete any required documentation (i.e., Critical Injury reporting to Ministry of Labour, Immigration, Training and Skills Development [MLTSD] if applicable)

5.3 Role of the Emergency Coordinator/Emergency Assistant:

A. Support the resident home area (RHA) as required, this may include, but is not limited to the following:

(1) Reallocating resources and/or reassigning staff between RHAs to support care needs.

(2) Supporting staff with the medical emergency if further support required, and/or responding/coordinating a response effort to any additional emergencies

(3) Supporting resident care needs including, but not limited to, continued close monitoring of resident post fall, provision of pain medication for complaints of acute pain, continued provision of palliative care interventions to palliative/end of life residents, medication administration

(4) Completion of the Code Blue checklist (see appendix 1)

5.4 Role of the Personal Support Worker (PSW)

A. Take direction from the first person on scene and/or registered staff to support the medical emergency. This may include, but is not limited to:
(1) Assisting to get more help
(2) Obtaining necessary equipment (e.g., gauze, ice packs)
(3) Transferring resident from one location to another (e.g., supporting transfer from the floor to the bed)
(4) Supporting the care needs of other residents on the RHA or other RHAs as deemed necessary
(5) Assisting with moving other residents, families, and visitors from the area of the medical emergency

5.5 Role of the Resident Care Coordinator/ On-Call Manager

A. Support the Emergency Coordinator/Emergency Assistant and the teams with the emergency response, and allocation of resources as appropriate
B. Inform the Director of Care and/or Administrator or designate as appropriate
C. If incident is staff related notify emergency contact if appropriate

5.6 Director of Care/Administrator

A. Inform Director Long Term Care and Services for Seniors as appropriate

5.7 Reporting and Notification

A. **MLTC (Resident)**

Under the Fixing Long-Term Care Act, the following would describe a reportable medical emergency:

(1) An incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.
(2) Significant change is defined as a major change in the resident's health condition that,
  (a) will not resolve itself without further intervention,
  (b) impacts on more than one aspect of the resident's health condition
  (c) requires an assessment by the interdisciplinary team or a revision to the resident's plan of care.

Refer to ADM-01-07-16- Critical and Mandatory Incident Reporting

B. **MLTSD: (Staff /volunteer/visitor)**

Please note, if a person, whether a worker or not, has been critically injured or killed at the workplace the employer must immediately notify the MLTSD Health and Safety Contact Centre and the co-chairs of the health and safety committee. This notice must be by telephone or other direct means. Within 48 hours, the employer must also notify, in writing, a director of the MLTSD, giving the circumstances of the occurrence and any information that may be prescribed [section 51(1)]. No person can alter the scene where the injury occurred in any way without permission of an inspector. Definitions of a critical injury are as follows:

Under the Occupational Health and Safety Act., (R.R. 1 1990, Reg 834, s.1) a critical injury means an injury of a serious nature that:
(1) places a life in jeopardy
(2) produces unconsciousness
(3) results in substantial loss of blood
(4) involves a fracture of a leg or arm but not a finger or toe
(5) involves the amputation of a leg, arm, arm hand or foot but not a finger or toe
Refer to: ADM-01-07-13 Critical Incident Reporting – Ministry of Labour.

6. Summary And Debriefing see Appendix 2

All departments will be responsible for:

- Maintaining a record of supplies and equipment used, where it was sent, and ensuring its return when the evacuation is over
- Participate in debriefing to evaluate the emergency and in the post, review providing reports and recommendations
- Formally submit an evaluation of the emergency within 30 days of the emergency being declared over.
- Assist in creating revisions and implementation of adjustments to the plan
- In-service any modifications with staff in their respective departments

7. Training Requirements

7.1 General Orientation – New Staff

Education and training on the Emergency Plans are provided through the Divisional Orientation and at Departmental Orientation.

7.2 Annual and Ongoing – All Staff

Education is provided on the all-emergency codes on an annual basis through e-learning platform.

8. References

8.1 Fixing Long Term Care Act, 2021 OReg 246/22 s 268

8.2 Occupational Health and Safety Act.

8.3 ADM-01-07-13 Critical Incident Reporting – Ministry of Labour.

8.4 ADM-01-07-16 Critical and Mandatory Incident Reporting

9. Attachments/Appendices

9.1 Appendix 1 - Code Blue Emergency Checklist

9.2 Appendix 2 - Code Blue Post Incident Debrief/ Evaluation Checklist

Appendix 1
Code Blue Emergency Checklist

Date	Time
Incident involved : Resident_____ Staff _____ Visitor_____	
Reporting staff:	

	Y/N/ or N/A	Comments
RN/EC notified about Code Blue		
Code Blue Activated		
Designated staff notified of the location		
DNR checked		
EC directed 911 to be notified		
EC directed someone to meet 911		
Has a detailed report been completed from any witnesses with as much detail as possible.		
Administrator/designate informed		
MOLTC notified via CIS system		
MOL notified		
External partners notified of outcome		
SDM notified		

Date: _____ Incident Manager: _____

Appendix 2

Code Blue Post Incident Debrief/ Evaluation Checklist

Date: _____ Completed By: _____
Incident: _____

Reports:	**Yes/ No**	**Comments:**
Evaluation completed		
Has a formal debrief occurred with staff/residents/family		
Has there been a formal report completed and sent to the Director?		
Were external partners informed of the outcome?		
Dietary Department Checklist		
Was any equipment or supplies used during the emergency by the department?		
Environmental Services		
Was any equipment or supplies used during the emergency by the department?		
Recreational Department		
Was any equipment or supplies used during the emergency by the department?		
Nursing Department		
Was any equipment or supplies used during the emergency by the department?		
Administration Department		
Was any equipment or supplies used during the emergency by the department?		
Process Review		
Processes which went well.		
Gaps in process		

Improvement Suggestions		
Any revisions to the plan required		